

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

0/530757

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11		2				
12		2		1		
13		2		1		
14		2		1		
15		2		1		
16		2		1		
17		2		1		
18		2		1		
19		1		1		
20	1		1			
21		2		1		
22		2		1		
23		1		1		
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48						
49						
50						
TOTAL IND.	11	↓	11	↓		↓
TOTAL DEP.	23	←	13	←		←
TOTAL CLAIMS	34		24			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						